DOCUMENT RESUME

ED 285 312 EC 200 249

TITLE Senate Concurrent Resolution 83: Screening for Learning Disabilities. A Report to the 70th Legislature.
INSTITUTION Texas Education Agency, Austin.
PUB DATE Feb 87
NOTE 14p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Development; Communication Disorders; Dyslexia; Early Childhood Education; Educational Development; *Handicap Identification; Hearing Impairments; Inservice Teacher Education; Intervention; *Learning Disabilities; *Needs Assessment; Preschool Education; Program Costs; Program Development; Screening Tests; *State Boards of Education; *State Legislation; Visual Impairments
IDENTIFIERS *Texas

ABSTRACT

In response to Senate Concurrent Resolution 83, the Texas Education Agency studied methods for screening all students upon entry to school for significant developmental lags that could lead to learning disabilities. The resulting report includes: (1) identification of screening techniques; (2) methods currently in use and validated for treatment or remediation of identified problems (early childhood intervention and handicapped programs, pre-kindergarten programs, preschool screening, screening for special senses and communication disorders, screening for dyslexia and related disorders, and compensatory and Chapters 1 and 2 programs); (3) projected cost for implementation; and (4) results of actual screening of a sample of students entering Texas public schools during or before the first semester of the 1986-87 school year. It is concluded that an additional screening program described in the resolution is not currently needed. A description of procedures concerning dyslexia is concerned with the characteristics of dyslexia and the four phases of screening and treatment: data gathering, remedial programs, identification of an instructional program for dyslexic students, and referral to special education. A description of inservice training on dyslexia is also included. (KM)

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SENATE CONCURRENT RESOLUTION 83: SCREENING FOR LEARNING DISABILITIES

A REPORT TO THE 70TH LEGISLATURE

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TEXAS EDUCATION AGENCY
FEBRUARY 1987

EC 200 249

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State Board Of Education

1701 North Congress Avenue
Austin, Texas 78701-1494
(512) 463-9007

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Commissioner of Education
(512) 463-8985

March 1987

The Honorable William P. Clements, Jr., Governor of Texas
The Honorable William P. Hobby, Lieutenant Governor of Texas
The Honorable Gibson D. Lewis, Speaker of the House
Members of the 70th Legislature

At the February 1987 State Board of Education meeting, the Board approved the enclosed report in response to Senate Concurrent Resolution 83 of the 69th Legislature. The resolution required the Texas Education Agency to study methods for screening all students upon entry to school for significant developmental lags which could lead to learning disabilities and to report the results to the 70th Legislature.

The content of the report includes:

- identification of screening techniques
- methods currently in use and validated for treatment or remediation of identified problems
- projected cost of implementation
- results of screening of a sample of students entering Texas public schools during or before the first semester of the 1986-87 school year.

The Board stands ready to assist the Governor and the Legislature in any manner to ensure an excellent education program for Texas.

Respectfully submitted,

Jon Brumley

Jon Brumley, Chairman
State Board of Education

Senate Concurrent Resolution 83: Screening for Learning Disabilities

Senate Concurrent Resolution 83 (SCR 83) directed the Texas Education Agency to study methods for screening all students upon entry to school for significant developmental lags which could lead to learning disabilities. As specified in excerpts from the resolution below, the term learning disabilities is similar in context to the handicapping condition defined in state and federal special education rules:

> "...A specific learning disability is characterized by difficulty in understanding or using spoken or written language or symbols...;
>
> ...This difficulty may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations...;
>
> ...Learning disabilities include perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia, but do not include learning problems that are primarily the result of visual, hearing, or motor handicaps or mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantages."

As prescribed in SCR 83, the content of the report is to include:

I. Identification of screening techniques

II. Methods currently in use and validated for treatment or remediation of identified problems

III. Projected cost for implementation

IV. Results of actual screening of a sample of students entering Texas public schools during or before the first semester of the 1986-87 school year.

Identification and Methods

Screening is only the first step in the process of providing special help to students with problems. Early screening can result in recognition of factors that could cause students to be at risk for later school failure. Appropriate follow-up to screening should lead to the provision of programs and services more likely to foster the student's success in school.

A number of programs are already in place which provide early intervention by using a variety of formal and informal screening procedures. The screening requirements are generally specified in the rules governing the particular program.

The major programs currently in operation encompass a larger population than that specified in SCR 83. These programs include:

Early Childhood Intervention. This cooperative program including the Texas Department of Health, Texas Department of Mental Health and Mental Retardation, and the Texas Education Agency, provides services for children birth to three with developmental delays.

Early Childhood Handicapped programs for children three to five years of age. The program is required to be provided by all school districts and may include students with significant developmental delays in language as described in the SCR 83 definition. This program must also be provided from birth for those who are deaf, blind, or deaf-blind.

Pre-kindergarten programs for four-year-old students. These programs, for students at risk for later school failure due to lack of proficiency with English or to other environmental factors, have been implemented by school districts since the Texas educational reform legislation of 1984.

Pre-school Screening. Although not required by State Board of Education rule, many districts provide pre-school screening in the late spring for four and five year olds who will be entering kindergarten in the fall. Generally, speech, vision, hearing, gross, and fine motors skills are evaluated. The data are used to make referrals for further assessment for special programs serving students who are at risk for school failure for a variety of reasons.

Screening for special senses and communication disorders (Texas Civil Statute 4419g). All school districts are required to screen all children on entry to school for possible vision or hearing problems and report the results to the Texas Department of Health. Although vision and hearing screening are mandatory, screening for communication disorders is permissive. The Texas Acevedo Screening of Speech and Language was developed by the Texas Department of Health for those who provide the communication disorders screening. The instrument identifies students ages three through six at risk for developing learning disabilities due to early problems with language development. It is used by a number of public schools, Head-Start and private day care centers throughout Texas. Results are reported to the Texas Department of Health. The instrument is available in English and Spanish versions that are appropriate for Texas students.

Screening for dyslexia and related disorders. HB 157 of the 69th legislative session established a statewide program for screening and treatment of dyslexia and related disorders that in effect targets the same population and with similar intent as described in SCR 83. School districts are required to screen students at an appropriate time rather than upon entry to school, and to provide appropriate treatment in all areas, spoken and written language, mathematics, and spelling. In January 1986, State Board of Education procedures were adopted. School districts initiated screening procedures in September 1986. Personnel development and training are currently underway and treatment programs are to be in place beginning September 1987. A copy of the State Board of Education procedure is attached.

Compensatory education programs and federal Chapter 1 and Chapter 2 programs. Students who do not meet eligibility in the other programs but who are at risk or experiencing school failure are provided supportive instruction. Identification procedures are specified by the local district consistent with the state and federal rules.

Results

During the 1985-86 school year, 14,074 students birth through four and 47,702 five and six year olds were provided early intervention through programs for handicapped students. Approximately 26,000 three through five year olds were students with speech or learning disabilities as described in SCR 83. All participated in a screening process prior to referral for comprehensive assessment and placement that included vision and hearing screening, a review of general health, developmental, social, emotional, and behavioral factors that might indicate the need for further assessment.

Results of communication disorders screening reported to the Texas Department of Health for a sample of students scheduled to enter school in the fall of 1986 found nearly 20% had signs of having speech or language problems that warranted referral for a complete evaluation by a certified speech language pathologist to determine the presence of possible language or speech handicaps. A similar incidence has been found in the Waco Independent School District Chapter 1 language development program that screens all kindergarten through 1st grade students to identify those at high risk for academic failure due to social/economic deprivation, not handicapping conditions. Targeted students are given more intensive language experiences in a curriculum matched to the student's current developmental stage. These experiences foster school success in the essential elements of the language arts program while developing skills that are needed to move up to instruction at the level expected of those who were not identified at risk.

In comparing the two groups, similar screening methods were used and a similar incidence of potentially at risk students was identified. The intervention strategy of providing a developmentally appropriate language curriculum would apply to both groups. Yet, those identified through the Texas Acevedo Screening of Speech and Language would be included in the SCR 83 target population but those in the Waco group would not. This discrepancy exists because SCR 83 proposes to screen for those who exhibit behaviors associated with developmental lags that could result in learning disabilities not due to cultural or economic factors.

The focus of screening as proposed in SCR 83 includes causes of developmental delay as a relevant factor. Research supports focusing on the treatment for a developmental delay rather than on the cause of the delay. The same techniques can be used for successful intervention regardless of the cause of the problem. There is increasing evidence to support instruction based on how each child learns rather than why the child learns that way. Once identified, as much effort must be directed to incorporating principles of effective teaching into the daily classes of high risk students as is being given to screening and identification of those students.

Cost

Time for Results, The Governors' 1991 Report on Education, (National Governors' Association Center for Policy Research and Analysis, August 1986) cites several studies which indicate early, appropriate intervention for at risk students can improve school performance from elementary through secondary level. There is less grade repetition, reduced need for special education classes, reduced high school dropout rate, increased employment and reduced welfare and crime rate after high school. The conclusion from this research is that early identification of at risk students is cost-effective in the long term.

However, the additional screening for the limited population described in SCR 83 may not be cost-effective. It would duplicate efforts of other screening programs currently in place. It would require administering an instrument to every student on entry to school to identify one out of every four or five students likely to be at risk. The same high risk students would be likely to be found through screening and referral processes already in effect in school districts to meet program requirements for special education, dyslexia screening, compensatory education and other special population programs, that do not require administration and scoring of language development screening instruments for every student.

Trained screeners using individually administered instruments would require a minimum of 30 minutes to administer and score each test. Multiplied by the number of students entering school, the cost in person hours is extremely high. The time spent in unnecessary screening reduces the instructional time available to the high risk students for effective learning. Time saved by preventing unnecessary duplication of screening activities could be directed to developing more effective program teaching practices enabling high risk students to be successful learners.

In addition costs of materials, administrative costs, and the staff training costs for this process must be considered. An actual cost cannot be calculated since each variable differs according to each school district.

Conclusion

An additional screening program described in SCR 83 is not currently needed to identify students with developmental lags in language who may be at risk for developing learning disabilities. Procedures are already in place for the population that SCR 83 is designed to serve through the referral process for special education programs, the program for screening for dyslexia and related disorders and through special senses and communication disorders screenings.

At this point in the implementation of the Texas educational reforms, the focus on early identification is being directed to all students who are at risk for school failure, when inherent learning disabilities are present or when the student's adequate potential to learn is jeopardized because of other reasons.

APPROVED BY THE STATE BOARD OF EDUCATION, JANUARY 11, 1986

PROCEDURES CONCERNING DYSLEXIA

INTRODUCTION

As defined in Texas Education Code Section 21.924:

(1) "Dyslexia" means a disorder of constitutional origin manifested by a difficulty in learning to read, write, or spell, despite conventional instruction, adequate intelligence, and socio-cultural opportunity.

(2) "Related disorders" includes disorders similar to or related to dyslexia such as developmental auditory imperception, dysphasia, specific developmental dyslexia, developmental dysgraphia, and developmental spelling disability.

Many of the characteristics associated with dyslexia also are found in children with other specific learning disabilities or with speech/spoken language disorders. Some of the characteristics also may be present in some young children in the course of normal development. However, when these characteristics are not age-appropriate and interfere with learning, they may be symptoms of a language or learning disorder, including dyslexia, and the child may need special assistance in academic or related areas.

Characteristics that are associated with dyslexia include the following:

- Problems in learning the names of the letters of the alphabet
- Difficulty in learning to write the alphabet correctly in sequence
- Difficulty in learning and remembering printed words
- Reversal of letters or sequences of letters
- Difficulty in learning to read
- Difficulty in reading comprehension
- Cramped or illegible handwriting
- Repeated erratic spelling errors

Characteristics that may be associated with dyslexia:

- Delay in spoken language
- Difficulty in finding the "right" word when speaking
- May be late in establishing preferred hand for writing
- May be late in learning right and left and other directionality components such as up-down, front-behind, over-under, east-west, and others
- Problems in learning the concept of time and temporal sequencing, i.e., yesterday-tomorrow, days of the week and months of the year
- Family history of similar problems

The primary difficulty of the dyslexic child is in reading, reading comprehension, writing, and spelling while the problems of the child with a learning disorder may be more differentiated.

As with other learning disabilities:

(1) the student is an underachiever academically as a result of the characteristics of dyslexia;
(2) there is a clear difference between the student's intellectual potential and actual achievement level primarily in written language skills; and
(3) it has been determined that the student's lack of academic progress is not due to chronic absenteeism, illness, or problems in the home.

In Education of All Handicapped Children Act, PL 94-142, dyslexia is considered one of a variety of etiological foundations for "specific learning disability." 34 CFR 300.5(b)(9) states:

> "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Certain students with dyslexia or other specific learning disabilities qualify as handicapped under federal and state law and may receive special education and related services appropriate for treating their handicapping condition. Other students with less severe learning disabilities or dyslexia may not require special education services and should benefit from specific assistance within regular or remedial programs.

SCREENING AND TREATMENT

As stated in T.E.C. 21.924(b) and (c):

(b) "The State Board of Education shall approve and from time to time review a program under which students enrolling in public schools in this state are tested for dyslexia and related disorders at appropriate times.

(c) "In accordance with the program approved by the State Board of Education, the board of trustees of each school district shall provide for the treatment of any student determined to have dyslexia or a related disorder."

Phase I - Data Gathering

Data available during Phase I of the screening and treatment program for dyslexic students include the results of the following that are gathered in the first grade:

- Vision screening
- Hearing screening
- Speech and language screening through a referral process
- Academic progress reports
- Teacher reports of aptitude, behavior, and problems
- Parent conferences
- Texas Educational Assessment of Minimum Skills (TEAMS) scores
- Results of basal reading series assessment

If problems in academic achievement have been noted through academic progress reports, parent conferences, or inadequate performance on the Grade 1 Texas Educational Assessment of Minimum Skills; the school district will evaluate the student's academic progress to determine what actions are needed to ensure improved academic performance.

Referral for testing through special education may be appropriate at this time. However, needed support actions may also include, but not be limited to, obtaining vision or hearing correction, retention, rearrangement of class assignments, supportive counseling, tutoring, speech therapy, or other appropriate program modifications. At any time that a student does not make expected progress, actions in Phase II should be instituted.

Phase II - Remedial Programs

From the information obtained in Phase I, it may be determined that specific remedial programming is needed. Assessment procedures prior to the development of appropriate remedial instruction may include:

- tests to determine basic reading, reading comprehension, writing, and spelling competency and specific related problems
- an informal reading inventory to identify specific problems related to reading

The student would be placed in an appropriate remedial or compensatory program such as bilingual, tutorial, summer school, etc. If a student does not make appropriate progress in Phase II, referral may be made for services in the Phase III remedial program.

All remedial reading and compensatory teachers should have instruction in strategies which may be used with students who demonstrate some characteristics of dyslexia but have not been identified as dyslexic.

Phase III - Identification of an Instructional Program for Dyslexic Students

When it has been determined that a student who has been identified as having primary difficulties in reading, writing, and spelling is not progressing academically in the remedial programs of the school district and all other causes have been eliminated, continued evaluation must consider the student's identification as being dyslexic or having a related disorder. Notice of the proposal to identify the child must be issued in accordance with federal regulations. This identification made by the school district's designee entails a review of all accumulated data and, in addition, a consideration of the possible constitutional origin of the problems. The identification, as discussed in the "Introduction," would be determined by:

(1) the student's exhibiting characteristics associated with dyslexia,
(2) the student's lack of appropriate academic progress,
(3) the student's having adequate intelligence,
(4) the student's receiving conventional regular and remedial instruction,
(5) the student's lack of progress not being due to socio-cultural factors such as language differences, inconsistent attendance, and lack of experiential background, and
(6) the student's lack of progress having a constitutional origin, in other words, having an inborn developmental basis.

Once the identification of dyslexia or a related disorder has been made, the school district shall provide for the treatment of a student so identified. This treatment should be offered in a remedial class setting in which the major instructional strategies utilize individualized intensive multisensory methods, also containing writing and spelling components, that include the following descriptors:

- individualized,
- multisensory,
- intensive phonetic, which takes advantage of the letter-sound plan in which words which carry meaning are made of sounds; sounds are written with letters in the right order,
- synthetic phonics, in which sounds of letters can be blended into words for reading, and the words can be divided into the component sounds for spelling and writing,
- linguistic, which is based in proficiency and fluency with the patterns of language so that words and sentences are the carriers of meaning,
- meaning based, which is directed toward reading comprehension and/or written composition,
- systematic, as material is organized and presented in a way that is logical and fits the nature of language,
- process-oriented,
- sequential, and
- cumulative.

Teachers of these classes shall be trained in and utilize these techniques. They will also serve as trainers and consultants in the area of dyslexia and related disorders to regular, remedial, and special education teachers.

Phase IV - Referral to Special Education

There will be some students with severe dyslexia or related disorders who will be unable to make adequate academic progress within any of the programs described above. In such cases referral to special education for a comprehensive assessment and possible identification as handicapped should be made as needed. Such referral would be accompanied by the written general and specific notices to the parents of federal and state rights for handicapped children and would follow all mandated procedures.

Overall Plan and Timetable

<table>
<tr><th>Grade Assignment in 1986-87</th><th>Phase I - Data Gathering</th><th>Phase II - Remedial Programs</th><th>Phase III - Dyslexia Instruction</th><th>Phase IV - Referral to Special Education</th></tr>
<tr><td>First Grade</td><td>1986-87</td><td>1987-88</td><td>Available January 1988</td><td>as needed</td></tr>
<tr><td>Second Grade</td><td>1985-86</td><td>1986-87</td><td rowspan="2">Desirable January 1987
but
Mandated September 1987</td><td>as needed</td></tr>
<tr><td>Third Grade</td><td>1985-86 (TEAMS results not available)</td><td>1986-87</td><td>as needed</td></tr>
</table>

TRAINING

As stated in Texas Education Code 11.15(b):

> The Central Education Agency shall develop an inservice program to train teachers in the recognition of dyslexia and related disorders in public school students and in teaching strategies for those students. The agency shall distribute a program outline and materials to school districts and regional education service centers for their use in conducting inservice programs.

The Agency will contract with professionals notable in the field of dyslexia and related disorders to present the initial training and offer on-going consultation beginning February 1986 through the 1986-87 school year.

The process for teacher training in the recognition of and teaching strategies for students with dyslexia and related disorders and a training schedule follow:

Informational Training

During February and March 1986, a consultant from each Education Service Center and at least two specialists from the Texas Education Agency will be in training sessions given by notable consultants in order to receive sufficient knowledge concerning (1) recognition of dyslexia and related disorders and (2) teaching strategies applicable to students with these problems which will enable the ESC and Agency personnel to offer awareness inservice presentations to local school districts.

Training programs and materials to be distributed by the Agency will be compiled and developed during this initial training of ESC and Agency personnel.

Informational Inservice Training for Selected Local School District Personnel

Education Service Center personnel will present inservice training based on the information they received to the following local school district persons:

- Representative regular education teachers, grades one through five
- Remedial reading and compensatory teachers, grades one through eight
- Special education resource teachers
- Educational diagnosticians
- Reading supervisors
- Principals

The initial informational inservice training will be held during the spring and summer of 1986; however, there will be continuous, on-going training for new personnel.

In-depth Training for Teachers of Dyslexic Students

Remedial reading teachers selected to establish and instruct in classes for dyslexic students will be trained by notable consultants. These teachers will also serve as consultants concerning dyslexia and related disorders to regular, remedial, and special education teachers. As their skills develop, they may also be responsible for on-going informational inservice training.

This in-depth training will be scheduled from September 1986 through August 1987 and then rescheduled whenever necessary for new teachers.

Informational Inservice Training for Other Local School District Personnel

Education Service Center personnel and qualified teachers will deliver informational inservice training to all grades K-5 regular, remedial, and special education teachers during the spring and summer of 1987 and then offer on-going traini as needed.

IMPLEMENTATION

Local school districts will develop guidelines to implement the procedures concerning dyslexia. All such guidelines regarding screening, testing, teacher training, and programs shall address the linguistic needs of LEP students.